

Reflections of an Intern: Clinical patient encounters

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‘We’ve been wrong about what our job is in medicine. We think our job is to ensure health and survival. But really it is larger than that. It is to enable well-being.’

—Atul Gawande

Being Mortal: Illness, Medicine and What Matters in the End

It was a Friday night, the end of a week—a tiring one, even for me, as an intern. I could only imagine the weariness of the residents who had been in the hospital day in and day out. The ritual began with the arrival of the senior resident in charge of the emergency for the night. The patient handover was something I always looked forward to, for it gave me an opportunity to test my own clinical knowledge and provided me with a list of topics to read. Standing at the back, as I hurriedly noted down the cases I had seen for the first time, the senior resident listened to each patient’s action plans, nodding silently from time to time. A short while later, a young girl was wheeled in by her father. The father’s voice sounded familiar. I looked back and there she was, perhaps the last person I would have wanted to see in the hospital emergency again. The girl lay almost unconscious and her breathing was laboured. As her father spoke about her illnesses to the resident, I began jogging my memory.

I had first seen the young girl and her father during the beginning of my two-month rotation. Her disseminated pulmonary tuberculosis had confined her to an isolation room. Not often, I would enter her room to draw blood samples for a variety of tests. Although too weak to get up, she would acknowledge my presence with a grin. Her illness could hardly dampen her spirits. Even though she had to wear a mask constantly, she would always be dressed in bright colours. Her father would constantly be by her side. Unlike the attendants of other patients, I had never seen him frown. His demeanour was different from that of any other patient’s relatives and he was always ready to help. Every morning, his smile would greet me in the ward. Later, when I accompanied them for an investigation, the father talked about his family and proudly told me about the wonderful grades his daughter had been getting in school. He added that both his children dreamt of becoming teachers and wished to shape the future of their community. Gradually, as the days passed, someone who was just another patient came to have an identity in my eyes.

Now, this patient had once again come to the hospital and was struggling to clutch onto life. With her skin pale and hair withered, the little girl was hardly recognizable. The nurses got busy looking for a site to place an intravenous line and soon began pushing a concoction of drugs to keep the patient alive. However, despite their best efforts, the girl soon collapsed. My resident and I began the resuscitation. With every chest compression, I could hear her mother’s quiet sobs. After a 20-

minute battle, we finally had to give up. My resident, who had taken care of the patient when she had been admitted the time before, quickly sneaked out of the room. As he left, I thought I saw him shedding tears. For the first time, I saw my resident, whom I had otherwise always seen in good spirits, visibly upset, and he remained so for the rest of his duty hours. The father, although grief-stricken, did not allow his emotions to get the better of him. He went to his family members to console them.

After four-and-a-half years of college, we medical students make our way into the real world as interns. The long years of college prepare us for countless examinations and teach us about differential diagnoses and the drugs of choice in various conditions, besides familiarizing us with the medical definitions. However, nothing prepares us for the emotional toll which taking care of patients and seeing them in their most vulnerable state takes on our lives. The number of transitions in medicine is almost overwhelming and there are so many firsts—the first time I had to deliver a piece of bad news, or the first time I saw a patient die. However, there are good moments too—the first time I successfully counselled someone to quit their addiction, the first time I assisted in delivering a baby or resuscitated a newborn struggling for survival.

Fresh medical interns, who are still naive, run the risk of getting emotionally involved with patients. If you know the person you are taking care of, you tend to look at him/her differently. The encounter I have described made me realize the importance of empathizing with the patient, yet not getting too emotionally attached. Another thing that struck me was the reaction of the father who, despite the personal tragedy, remained unruffled and proceeded to comfort his family members selflessly.

Every doctor would strive to the very end to snatch their patients back from death. However, it does not turn out to be so every time. I realized that in the end, death is inevitable, but how we accept it is in our hands—no one can take that away from us. Is ensuring survival and health, then, all that a doctor can do? In the face of inevitable death, the doctor’s task is much bigger. Doctors must do all they can to ensure the well-being of patients and help them maintain their dignity until the very end.

In medicine, everyone has their good as well as bad moments. Whereas each accomplishment instils confidence, every setback makes us ask ourselves if we are worthy enough of taking care of lives. Now, as I begin my new journey in life as a young doctor, my goals are humble. I want to do right by my patients. At times, there will be puzzles, but I will try to make sense of them. I will certainly make mistakes, but will also learn from them. All doctors work hard to equip themselves with the tools to save lives. There will inevitably be numerous instances where one may not know the best course of action for a patient, but one must always strive to do right. I feel such reflections will keep young doctors motivated to remain human.

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